

Name  
in  
Full

*Easter Allan*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

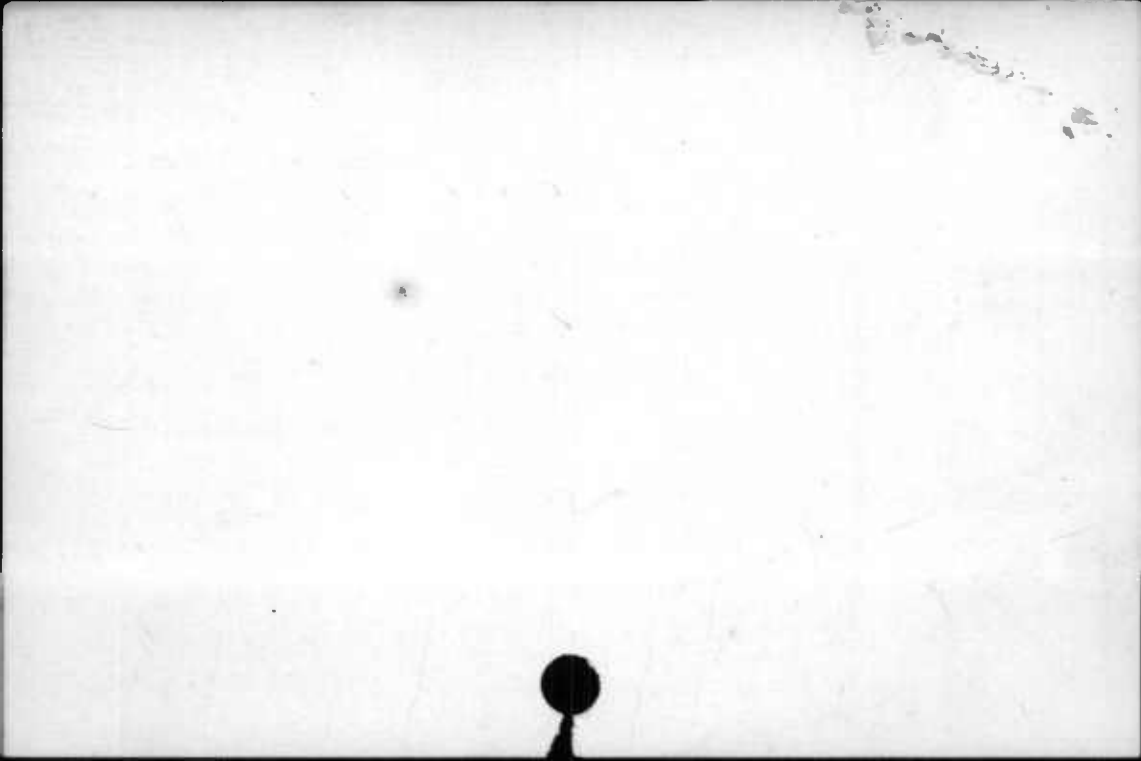
Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <sup>Month</sup>	<i>31</i> <sup>Day</sup>	<i>88</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation			Where Residing if not at place of death <i>High St.</i>		
<del>Marrried</del> , Single or <del>Widowed</del>			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	<i>(120)</i>	How long
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. E. L. Brown</i>	Address <i>Cambridge Md</i>
	Address	
Accident or Suicide?		







Name  
in  
Full

William Asplen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

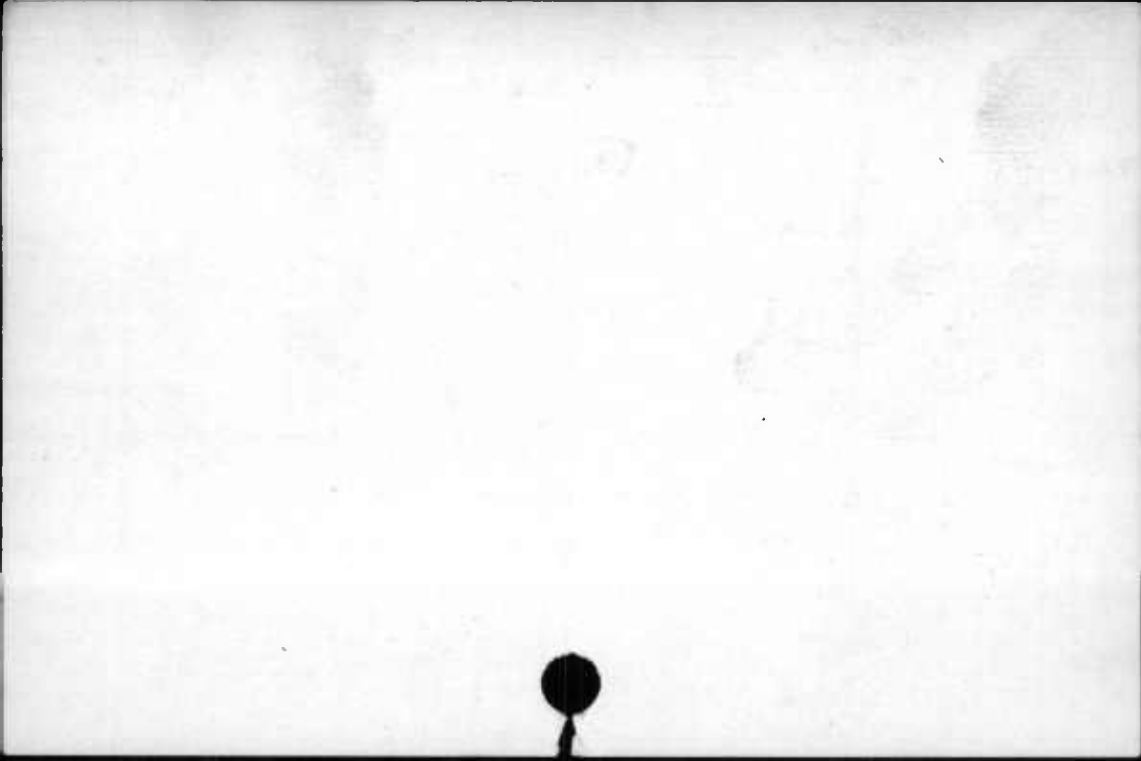
Died at <i>Near Woodford</i>		Town <i>Woodford</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Jan.</i>		Day <i>29</i>		Years <i>29</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Woodford, Ma</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Sanders</i>					
Father's Name <i>George W. Asplen</i>				Father's Birthplace <i>Woodford, Ma</i>			
Mother's Maiden Name <i>Harriet B Woodford</i>				Mother's Birthplace <i>Near Woodford</i>			
Name of person giving information <i>George W. Asplen</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bright's disease</i>		How long	<i>Can't say</i>
Immediate	<i>General Exhaustion</i>		How long	<i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>	
			Address <i>Madison, Ma</i>	
Accident or Suicide?				

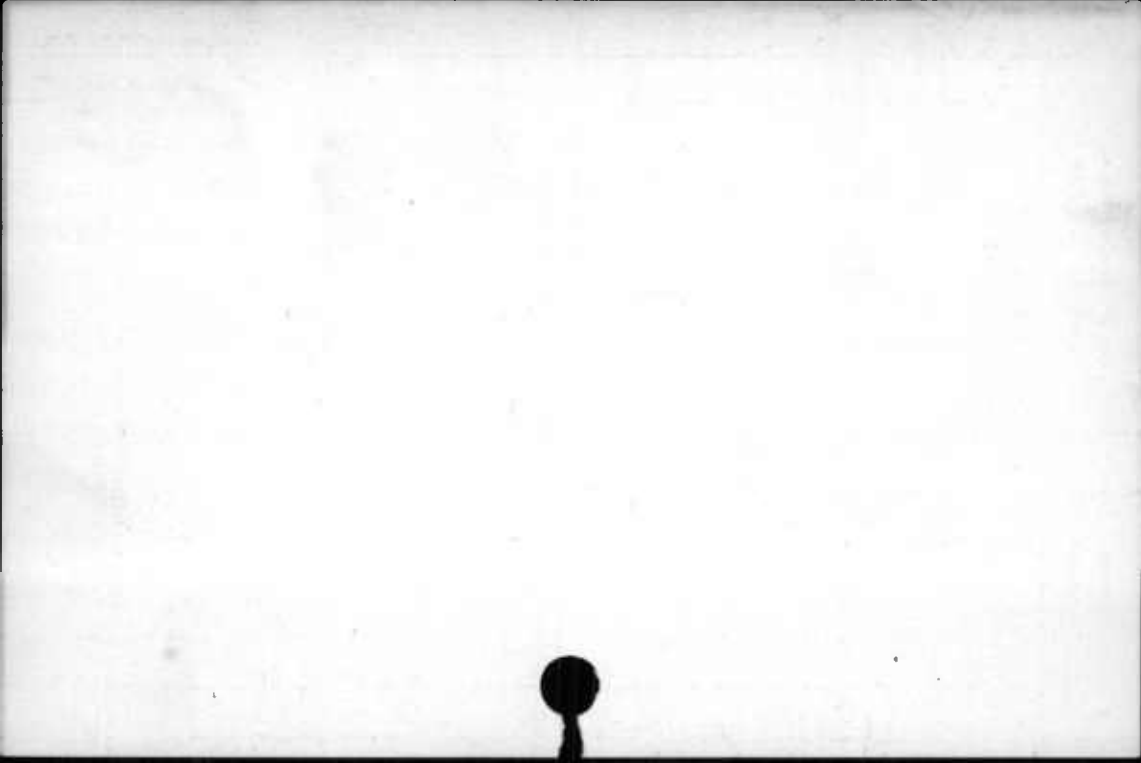






Name in Full		- Joseph Camper				9/1/11		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Cambridge			<sup>County</sup> Wicomico			MARYLAND		
		Date of death 1906		Month 1	Day 27	Age 44 <del>years</del>		Months	Days	
		Sex male			Color or Race colored		Birth-place W. G. Ind.			
		Occupation laborer				Where Residing if not at place of death				
		Married, Single or Widowed single			Name of Wife or Husband					
		Father's Name not known						Father's Birthplace		
		Mother's Maiden Name not known						Mother's Birthplace		
		Name of person giving information Dr. G. S. Hale						How related to deceased none		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary Pistol shot - wound of chest.					How long 7 days			
		Immediate Fractures Pleurisy Pneumonia					How long 4 days			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>					Signature of Physician <i>G. S. Hale</i>			
							Address Cambridge Md			
		Accident or Suicide? <input checked="" type="checkbox"/>								







Name

is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

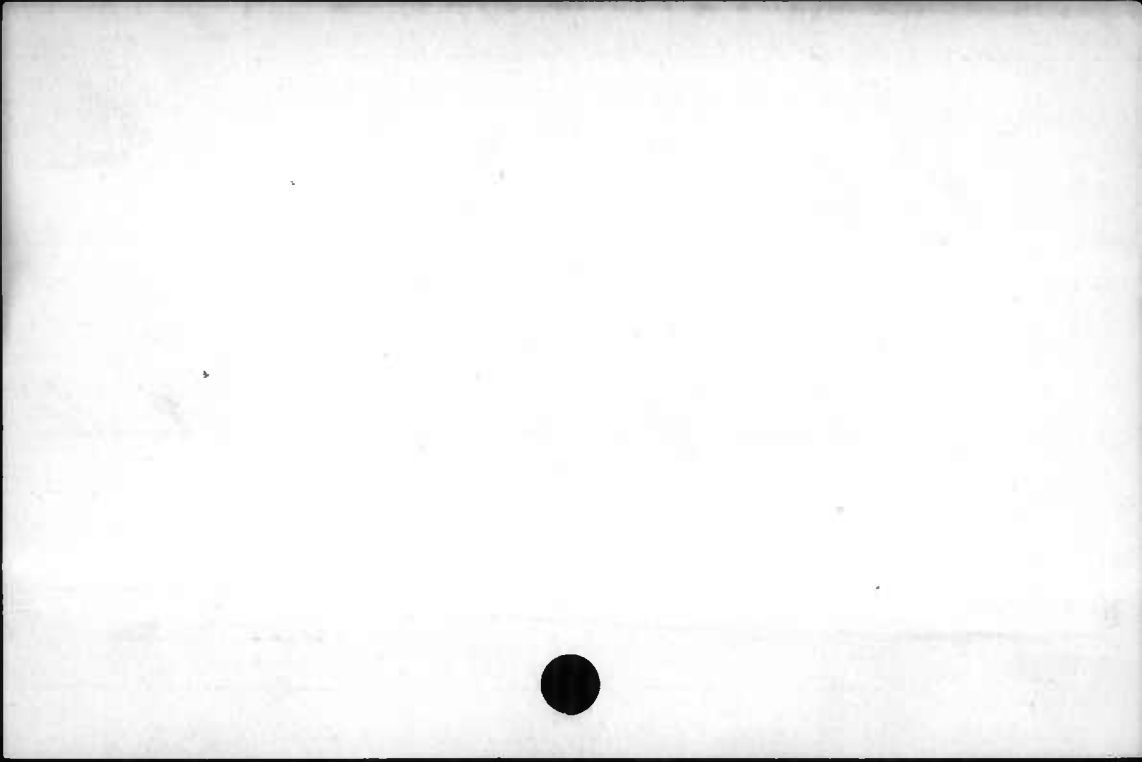
Died at <i>E. New Market</i> Town			County <i>For</i>			MARYLAND	
Date of death 1906	Month 1	Day 10	Age 25	Years	Months 3	Days 23	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birthplace <i>For Co.</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Wife</i>				
Name of Wife or Husband <i>Geo. Cornish</i>							
Father's Name <i>John Jenkins</i>				Father's Birthplace <i>For Co.</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>For Co.</i>			
Name of person giving information <i>Annie Jenkins</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long 3 <i>mon</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Rogers Myers</i>
	Address <i>Heurlock Md</i>
Accident or Suicide?	







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Annie M Cornish* 9/1/15

Town *East New Market* County *Dorchester* *MD* MARYLAND

Died at *East New Market*

Date of death *1906* Month *1* Day *10* Age *25* Years Months Days

Sex *Female* Color or Race Birth-place

Occupation *Wife* Where Residing if not at place of death

Married, ~~Single~~ *as Widowed* Name of Wife or Husband *Engine Cornish*

Father's Name *dont now* Father's Birthplace

Mother's Maiden Name *Annie Young* Mother's Birthplace *Dorchester*

Name of person giving information *Chas Young* (21) How related to deceased *Uncle*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Consumption* How long *6 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

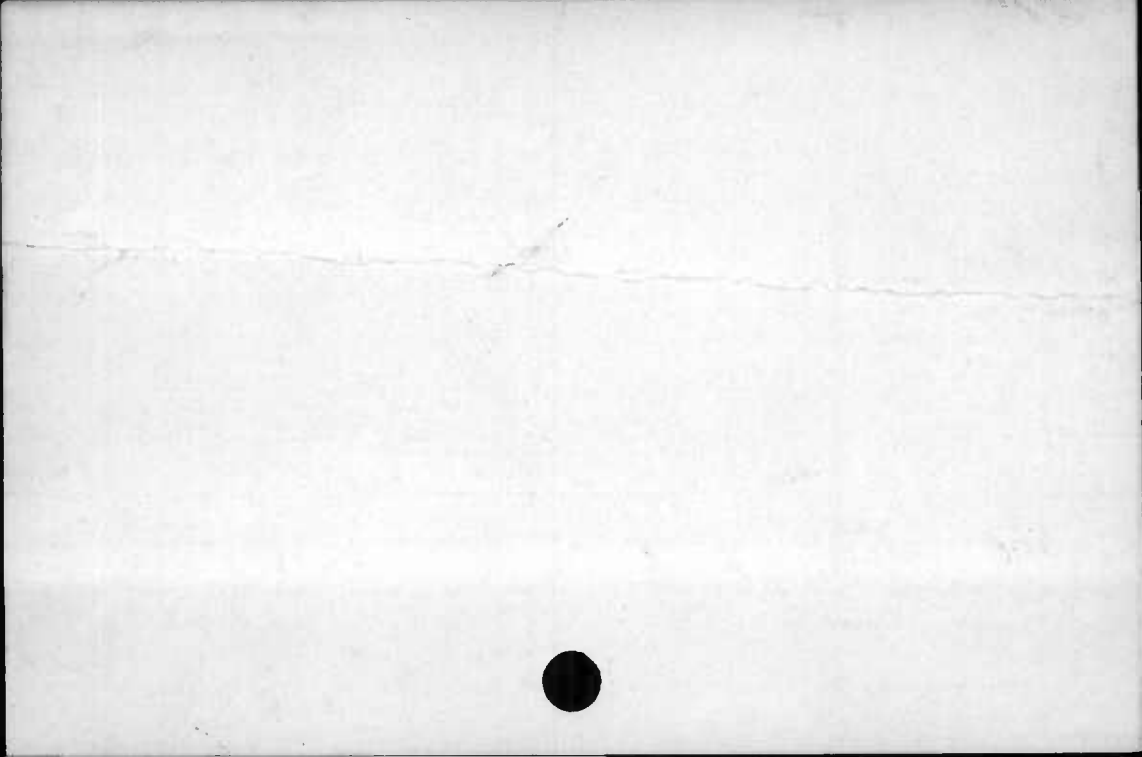
Signature of Physician *None*

Address *None*

Accident or Suicide?

*H. H. Willoughby*







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cambridge* Town*Dorchester* CountyDate of death *Jan 30* Month *Jan* Day *30*Age *28* Years

Months

Days

Sex *Male*Color or Race *Coloured*Birthplace *Church Creek*Occupation *Laborer*

Where Residing if not at place of death

~~Married, Single~~  
*Single*

Name of Wife or Husband

Father's Name *Jones Harris*Father's Birthplace *Church Creek*Mother's Maiden Name *Sarah Harris*Mother's Birthplace *" "*Name of person giving information *Mrs J Harris**(27)*How related to deceased *Cousin*

## CAUSES OF DEATH

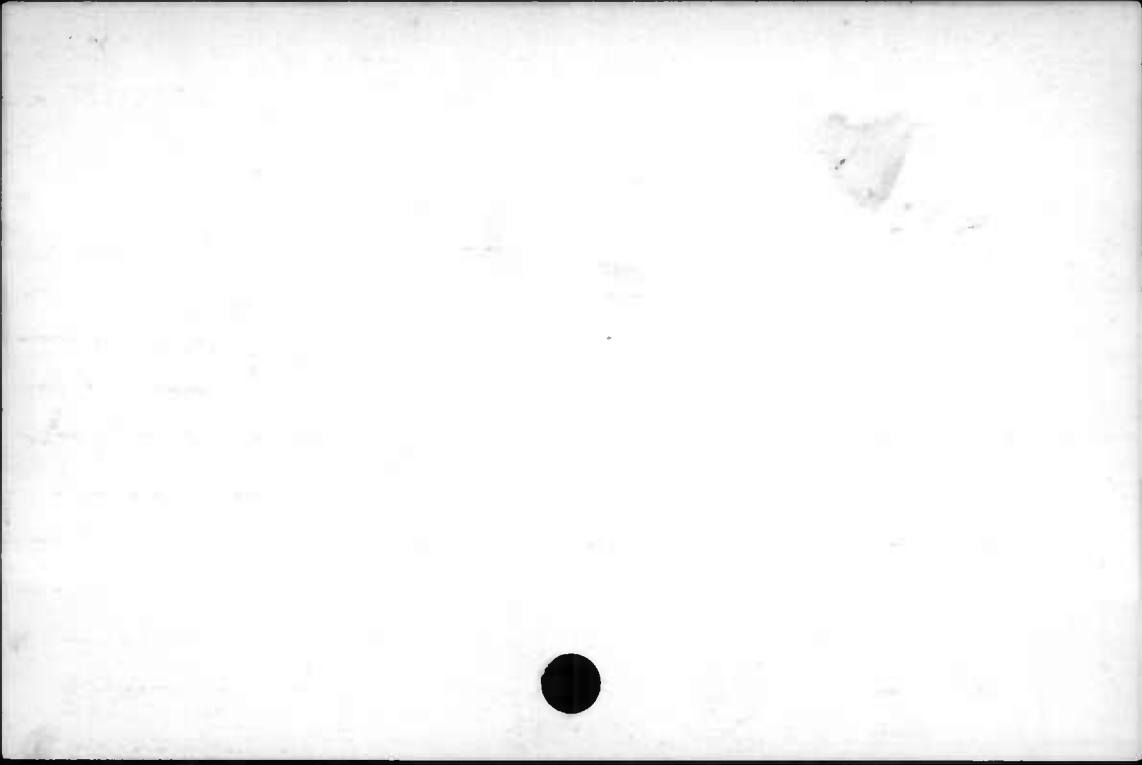
Primary *Pulmonary Tuberculosis*How long *3 months*Immediate *Asthma*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Dr E Ynawers*Address *122. Bu de Ln Dr.*

Accident or Suicide?







Name  
in  
Full

Mary L. Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Milton</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>January</i>	Day <i>1<sup>st</sup></i>	Years <i>60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John M. Harris</i>				
Father's Name <i>Peter Connally</i>	Father's Birthplace <i>Dor. Co. Md.</i>				
Mother's Maiden Name <i>Elizabeth Nevitt</i>	Mother's Birthplace <i>Dor. Co. Md.</i>				
Name of person giving information <i>Howard Richardson</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary * <i>Acute Nephritis</i>	<i>119</i>	How long <i>about 1 week</i>
Immediate <i>—</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Smithwick</i>	
* <i>Did not attend patient</i>	Address <i>—</i>	
Accident or Suicide? <i>R.L.F.</i>	<i>✓</i>	







Name  
in  
Full

Aleyanau Henson 9/1/11

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cambridge Dist <sup>County</sup> DorchesterDate of death 1906 <sup>Month</sup> Jan'y <sup>Day</sup> 2<sup>d</sup> <sup>Years</sup> Age 70 <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> Colored <sup>Birth place</sup> in DorchesterOccupation Laborer <sup>Where Residing if not at place of death</sup> Near CambridgeMarried, ~~Single~~ <sup>or, Widowed</sup> <sup>Name of Wife or Husband</sup> Rhoda Henson

Fether's Name Solomon Henson

Father's Birthplace

Mother's Maiden Name Mary Henson

Mother's Birthplace

Name of person giving information Edward Opher

How related to deceased not-

## CAUSES OF DEATH

Primary Asthma

How long 8 months


Immediete

Are the name, age, sex, color, date and place correctly given above?

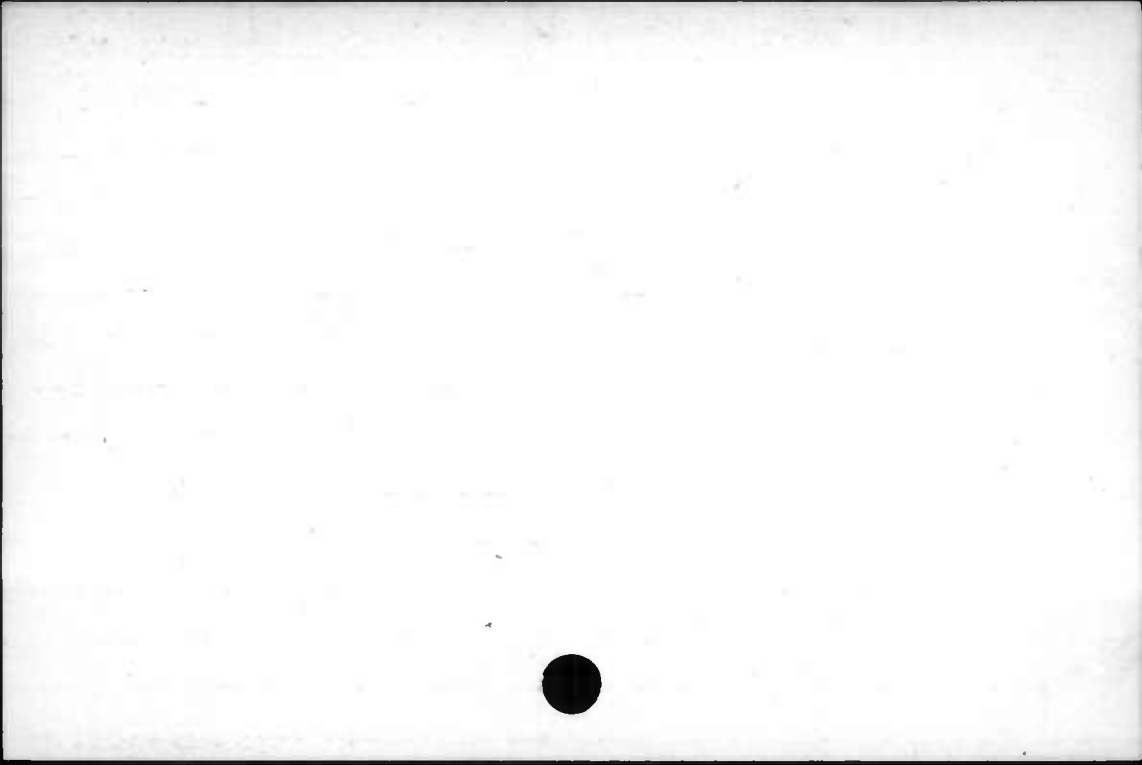
Signature of Physician

Address

Accident or Suicide?


  
 J. H. Opher <sup>underwritten</sup>
  
 Cambridge Dist.
   
 No doctor in attendance ✓







Name  
in  
Full

George Halli


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Finland</u> <small>Town</small>		<u>Orchester</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>30</u>	Age <u>1</u> Years	Months <u>-</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Or. Co. Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John W. Halli</u>		Father's Birthplace <u>Or. Co. Md.</u>			
Mother's Maiden Name <u>Harrist Jones</u>		Mother's Birthplace <u>Or. Co. Md.</u>			
Name of person giving information <u>Harrist Halli</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Gastroenteritis</u>	<u>105</u>	How long <u>1 week</u>
Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm. Stull</u>	Address <u>Cambridge Md.</u>
		
Accident or Suicide?		







TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

in Full		CERTIFICATE OF DEATH	
Died at		County	
Town		Dorchester	
Maryland			
Date of death	Month	Day	Years
1906	January	15th	Age 46 or 47
Sex	Color or Race	Birth-place	Months
Male	Colored	Virginia	Days
Occupation	Where Residing if not at place of death		
Sailor			
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
Unknown	Unknown		
Mother's Maiden Name	Mother's Birthplace		
Unknown	Unknown		
Name of person giving information	How related to deceased		
Jef Gladson	not related		
CAUSES OF DEATH			
Primary	How long		
Chronic Nephritis	120		
Immediate	How long		
Cardiac Failure	Two days		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	Dexter B Reynolds M.D.		
	Address		
	Cambridge, Md.		
Accident or Suicide?			







Name  
in  
Full

John Albert Lyons

## CERTIFICATE OF DEATH

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date

1906

Month

January

Day

9

Age

Years

10

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Salbot Wm a

Occupation

School Boy

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

J Henry Lyons

Father's  
Birthplace

Salbot Wm a

Mother's  
Maiden Name

not given

Mother's  
BirthplaceName of person giving  
In formation

J Henry Lyons

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Appendicitis

How long

6 days

Immediate

General Peritonitis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

B M Eola, M.D.

Address

Cambridge, Ma

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

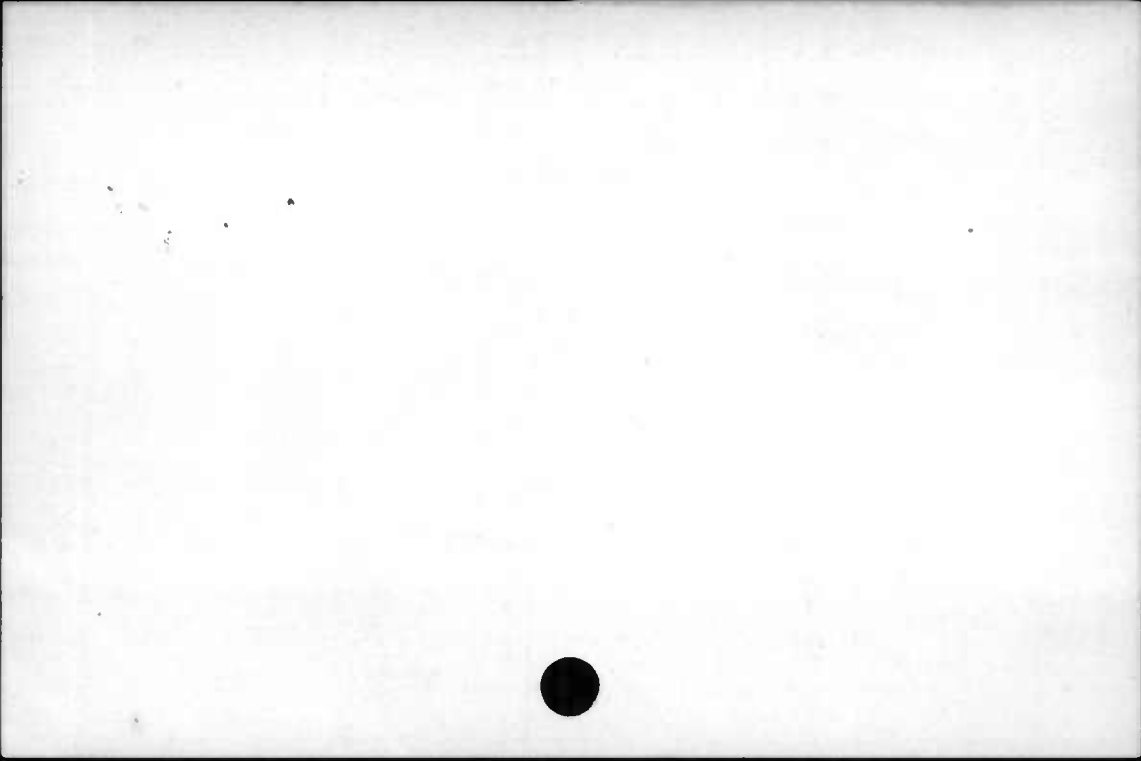
Died at <i>Taylor's Island</i> <sup>Town</sup> <i>Dorchester</i> <sup>County</sup>		MARYLAND			
Date of death <i>1906</i>	Month <i>January</i>	Day <i>4</i>	Age <i>76</i>	Months <i>—</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Md.</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Jas. A. McBlain</i>				
Father's Name <i>Jos. W. Bradshaw</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary P. Brown</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Jos. C. McBlain</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. K. Shriver Jr.</i>
	Address <i>Taylor's Island</i>
	<i>Md.</i>
Accident or Suicide? <i>—</i>	







Name in Full		Charles W. McCutchen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge		Town		Orchester County		MARYLAND
	Date of death	1906	Month	July	Day	1	Age
	Sex		male		Color or Race		col.
	Occupation		—		Where Residing if not at place of death		—
	Married, Single or Widowed		Single		Name of Wife or Husband		—
	Father's Name		Recliff McCutchen		Father's Birthplace		Or.
Mother's Maiden Name		Elizabeth Washington		Mother's Birthplace		Or. Co. Ind.	
Name of person giving information		Elizabeth McCutchen		How related to deceased		Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Broncho. Pneumonia, Primary			How long	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
						Address	
	Accident or Suicide?					Cambridge Ind.	







Name  
in  
FullH <sup>m</sup> H Marshall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

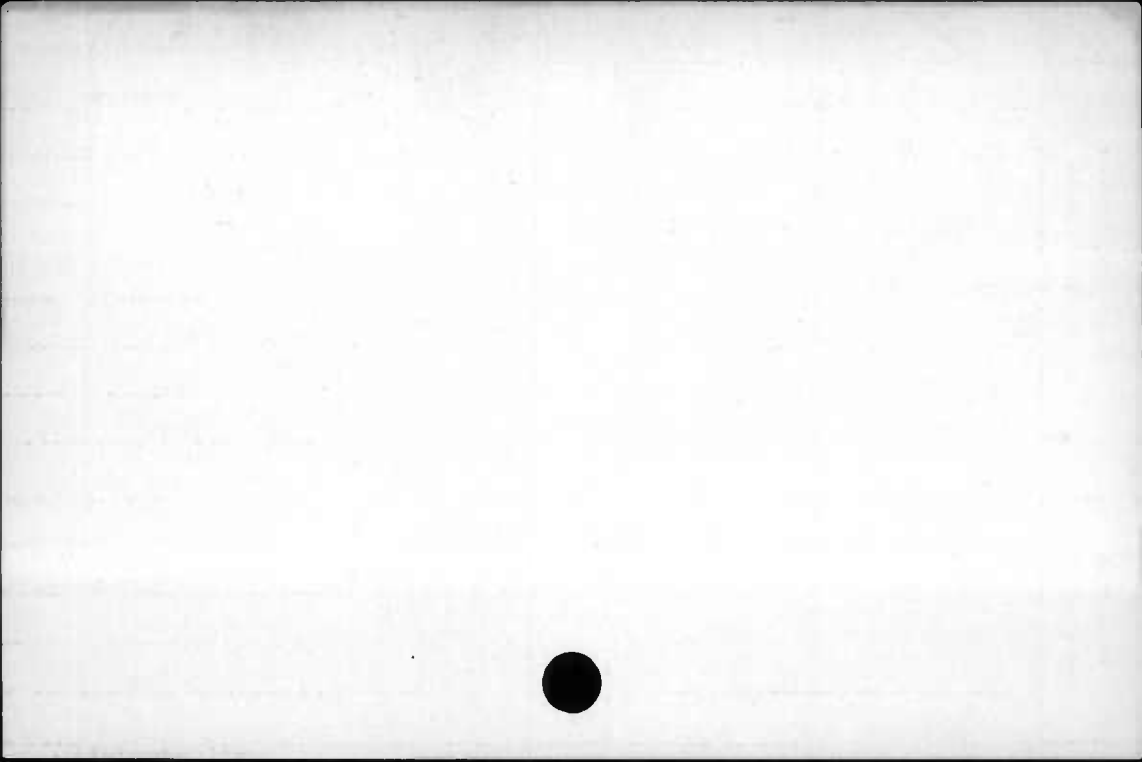
Died at <u>Town</u> <u>James</u>		County		MARYLAND	
Date of death 190	<u>6</u> <u>Jan</u> <u>4</u> <u>Day</u>	Age	Years <u>56</u>	Months <u>2</u>	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Md.</u>
Married, Single or Widowed	<u>married</u>	Occupation	<u>Farmer</u>		
Name of Wife or Husband	<u>Ann Marshall</u>				
Father's Name	<u>Bon Marshall</u>	Father's Birthplace	<u>Md</u>		
Mother's Maiden Name	<u>Ann Sward</u>	Mother's Birthplace	<u>Md</u>		
Name of person giving information	<u>J. R. D. Hubbard</u>	How related to deceased	<u>Son-in-law</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Intes-tinal tuberculosis</u>	How long	<u>6 mos</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>S. A. Stalces</u>
		Address	<u>R # 5 Cambridge</u>
Accident or Suicide?			<u>md</u>

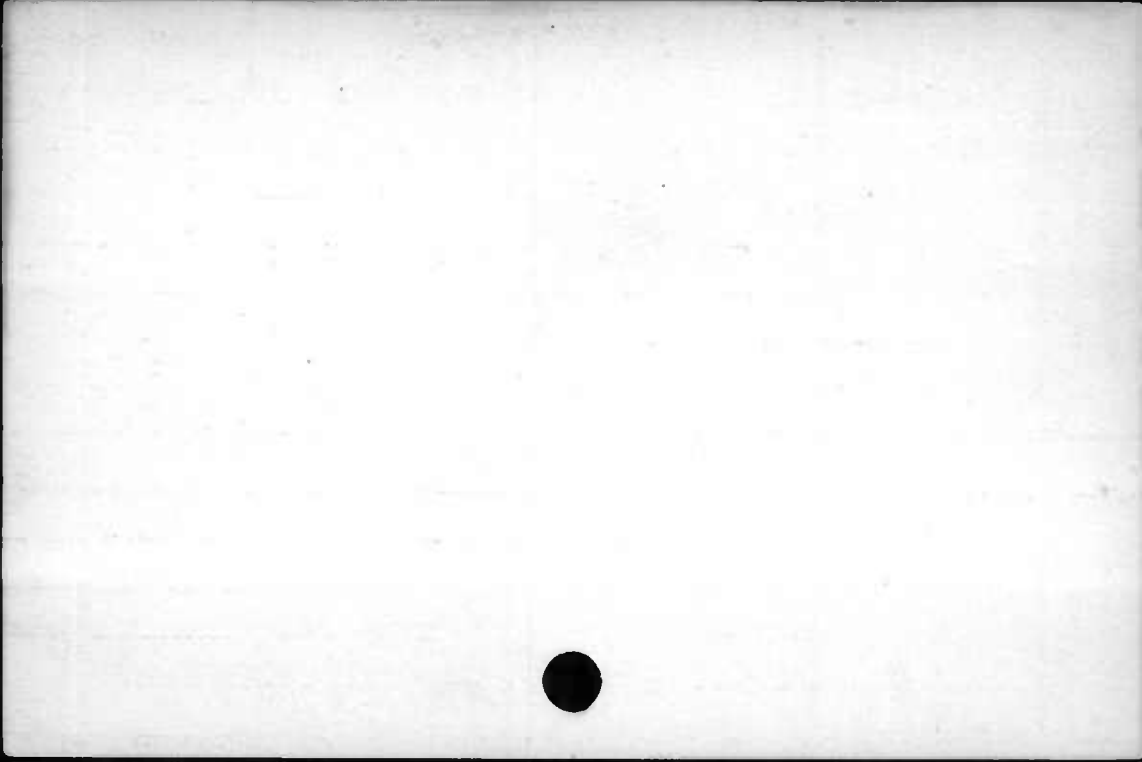






Name in Full		Wm Edward Matthews				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge		Dorchester		MARYLAND	
	Date of death	1906	Jan	30th	Age	21	Months — Days —
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	Saborer (general)		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	James Pinder				Father's Birthplace	
	Mother's Maiden Name	Laura James				Mother's Birthplace	
Name of person giving information	James A Matthews				How related to deceased		Brother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	3 months
	Immediate	Asthma				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Dexter O. Reynolds M.D.		
					Address		
				Cambridge Md			
Accident or Suicide?							







Name  
in  
Full

Andrew Morn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Cambridge<sup>County</sup> Wicomico

MARYLAND

Date  
of death 1906Month  
1Day  
2Age  
80Months  
—Days  
—

Sex

Male

Color or  
Race

Colored

Birth-  
place

Dr. Co. Md.

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widower

Name of Wife or  
Husband

Mary Morn

Father's  
NameFather's  
BirthplaceMother's  
 Maiden Name

Jennie Morn

Mother's  
Birthplace

Dr. Co. Md.

Name of person giving  
In formation

Eddie Bailey

How related  
to deceased

Grandson

## CAUSES OF DEATH

Primary

Hemiplegia

How long

2 days -

Immediate

Thrombosis

How long

2 days -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Martin H. G. G. G. G.

Address

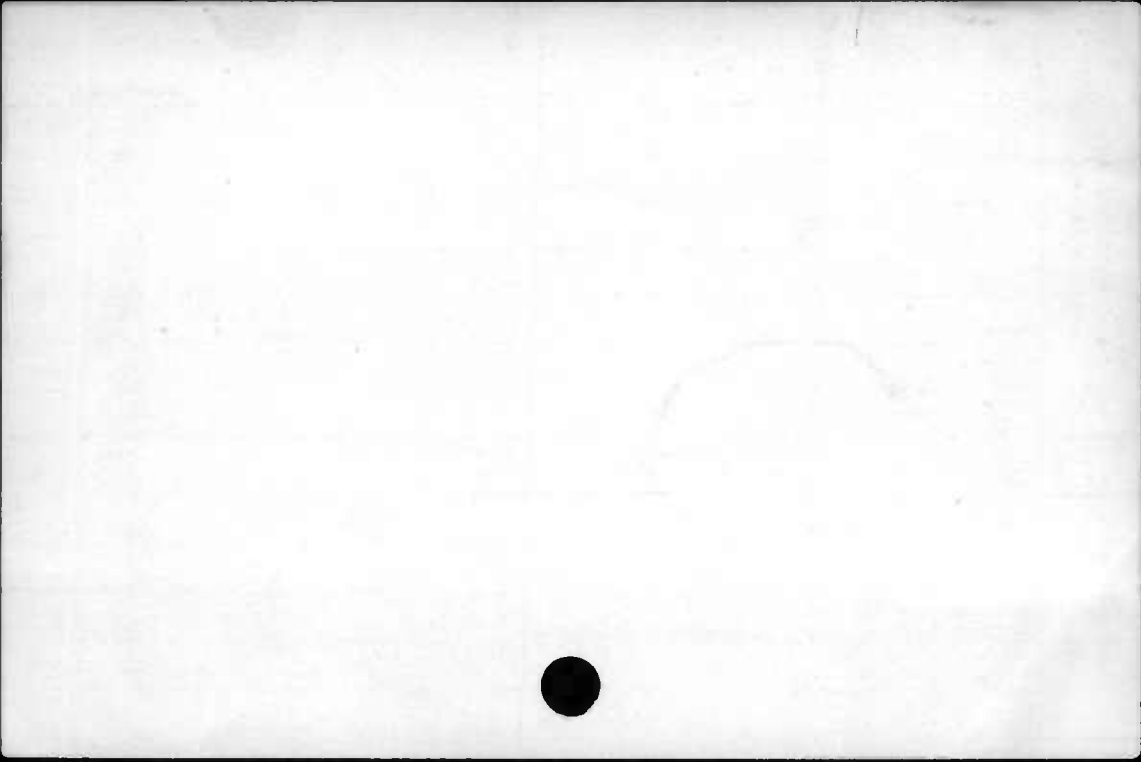
Cambridge Md.

Accident or Suicide?

✓

PHYSICIAN  
OR CORONER

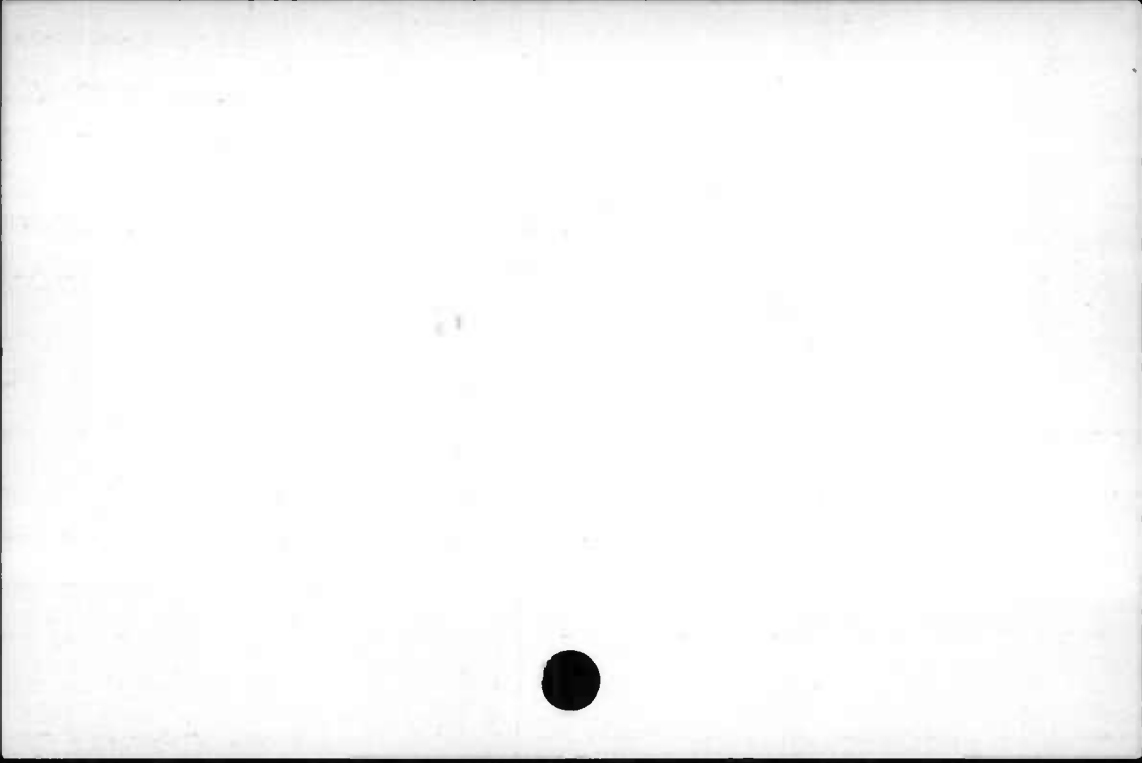






Name in Full <b>Edward Grant Moore</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> <b>Cambridge</b>		<sup>County</sup> <b>Dorchester</b>
	Date of death <b>1906</b>		Month <b>1</b>
	Day <b>4</b>		Age <b>34</b>
	Sex <b>Male</b>		Color or Race <b>White</b>
	Occupation <b>Carpenter</b>		Where Residing if not at place of death
	Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Evelina Harris Moore</b>
	Father's Name		Father's Birthplace
	Mother's Maiden Name		Mother's Birthplace
Name of person giving information <b>Evelina Moore</b>		How related to deceased <b>Wife</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Fracture of Spine</b>		How long
	Immediate <b>Exhaustion</b>		How long
	Are the name, age, sex, color, date and place correctly given above? <b>ye</b>		Signature of Physician <b>E. E. Wolff</b>
			Address <b>Cambridge, Md.</b>
	Accident or Suicide?		







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James H Moon

MARYLAND

Died at *Leantown* TownCounty *Dorchester*Date  
of death *190*Month *January*Day *18*Age *17* Years

Months

Days

Sex *Male*Color or  
Race *White*Birth-  
place *Dorchester Co*Occupation *black*Where Residing if not  
at place of deathMarried, Single  
or Widowed *single*Name of Wife or  
HusbandFather's  
Name *James. Moon*Father's  
Birthplace *Dorchester Co*Mother's  
Maiden Name *Leah Moon*Mother's  
Birthplace *Dorchester Co*Name of person giving  
In formation *Mother Leah Moon*How related  
to deceased *Mother*

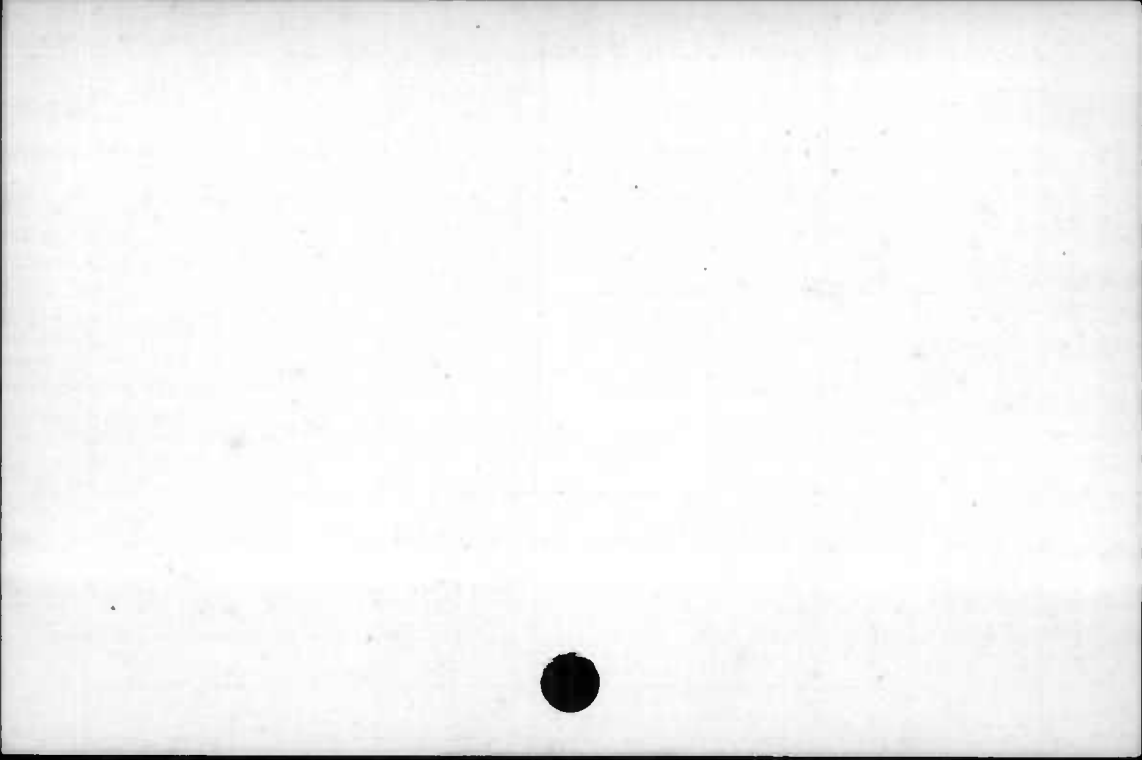
## CAUSES OF DEATH

Primary *Tuberculosis*How long *2 months*Immediate *Asthma*How long *1 week*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *W. G. Leachman*Address *Leantown*

Accident or Suicide?

PHYSICIAN  
OR CORONER







Name  
in  
Full

Robt. Russel Rhca

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

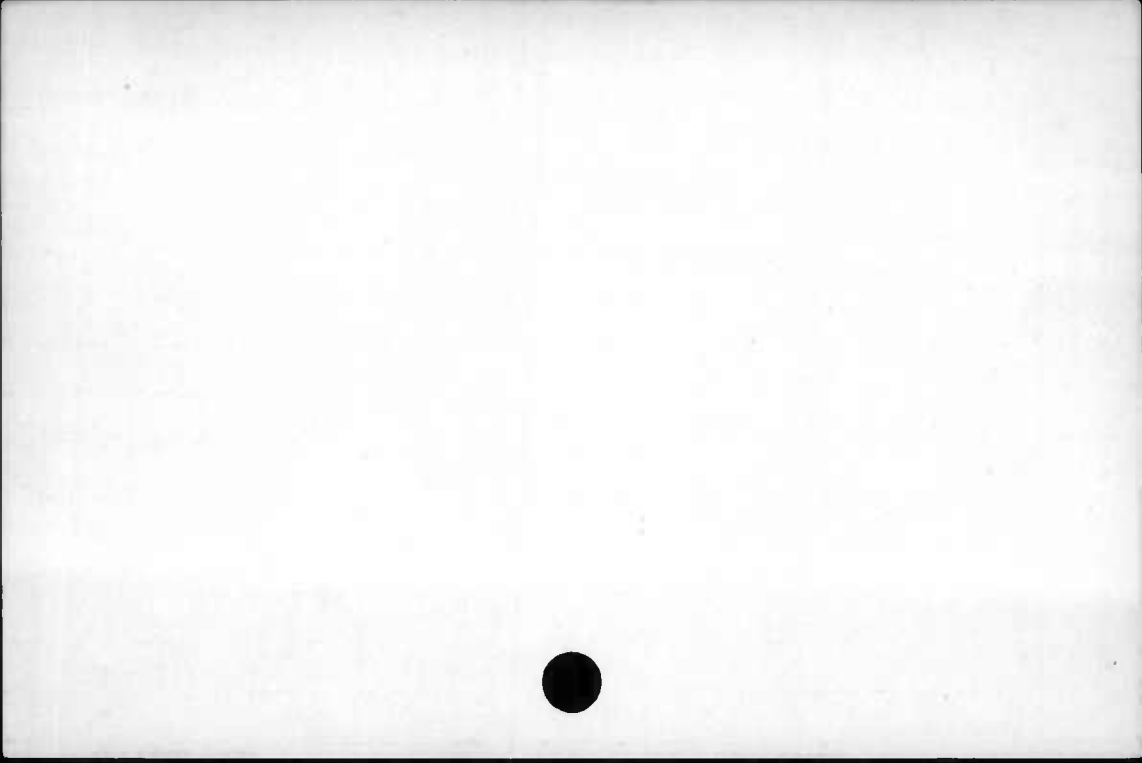
Died at <u>James</u> Town		<u>Barclister</u> County		MARYLAND	
Date of death	1906	Month	Jan	Day	27
Age		Years		Months	
Sex		Color or Race		Birth-place	
Male		White		James Md	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Fether's Name			Father's Birthplace		
Robert d Rhca			James Md		
Mother's Maiden Name			Mother's Birthplace		
S. Amanda Hubbard			"		
Name of person giving information			How related to deceased		
Frank Phillips			None		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Acute Bronchitis</u>	How long	<u>3 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>S A Stokes</u>	
		Address	
		<u>Cambridge</u>	
		<u>- Md</u>	
Accident or Suicide?			







Name  
in  
Full

George M. Rure

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

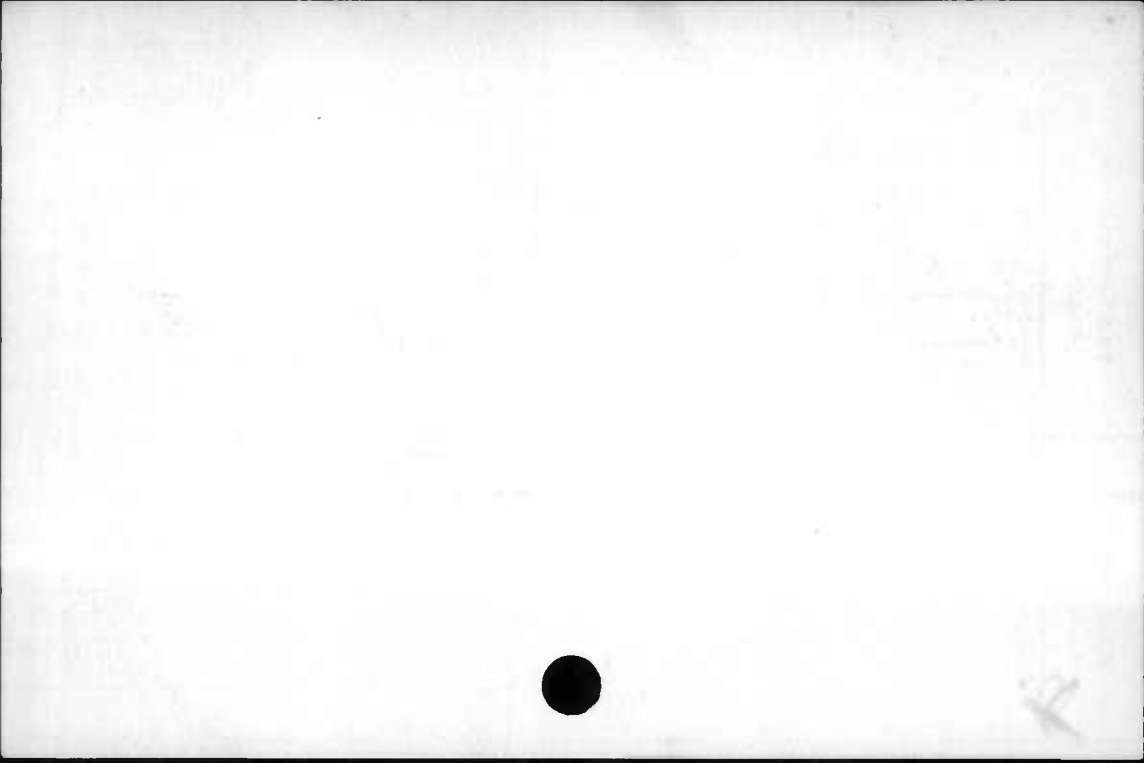
Died at		Town Lehathian		County Dorchester		MARYLAND	
Date of death		1906	Month Jan.	Day 3	Age	Years	Months 22
Sex		Male		Color or Race		White	
Occupation		None		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				George M. Rure			
Father's Birthplace				Maryland			
Mother's Maiden Name				Lizzie Webb			
Mother's Birthplace				"			
Name of person giving information				George M. Rure			
How related to deceased				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Measles + Pneumonia		How long		10 days	
Immediate		Throat failure		How long		1 day	
Are the name, age, sex, color, date and place correctly given above?		Y/no		Signature of Physician		Guy Stuck	
				Address		Cambridge Md.	
Accident or Suicide?							







Name in Full		John Slater		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cambridge	County Dorchester	MARYLAND	
	Date of death	Month January	Day 19	Years 88	Months Days
	Sex	Male	Color or Race Colored	Birthplace Dorchester Co	
	Occupation	Preacher		Where Residing if not at place of death	
	Married, Single or Widowed	Married		Name of Wife or Husband	
	Father's Name	William Slater		Father's Birthplace Dorchester Co	
	Mother's Maiden Name	Sarah Slater		Mother's Birthplace Dorchester Co	
Name of person giving information	Joseph Slater		How related to deceased Son		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Retention of urine		How long	24 hours
	Immediate	Uremia		How long	72 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Martha J. Goldsberry
				Address	Cambridge Md.
Accident or Suicide?					







Name  
In  
Full

Dolene Spear

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

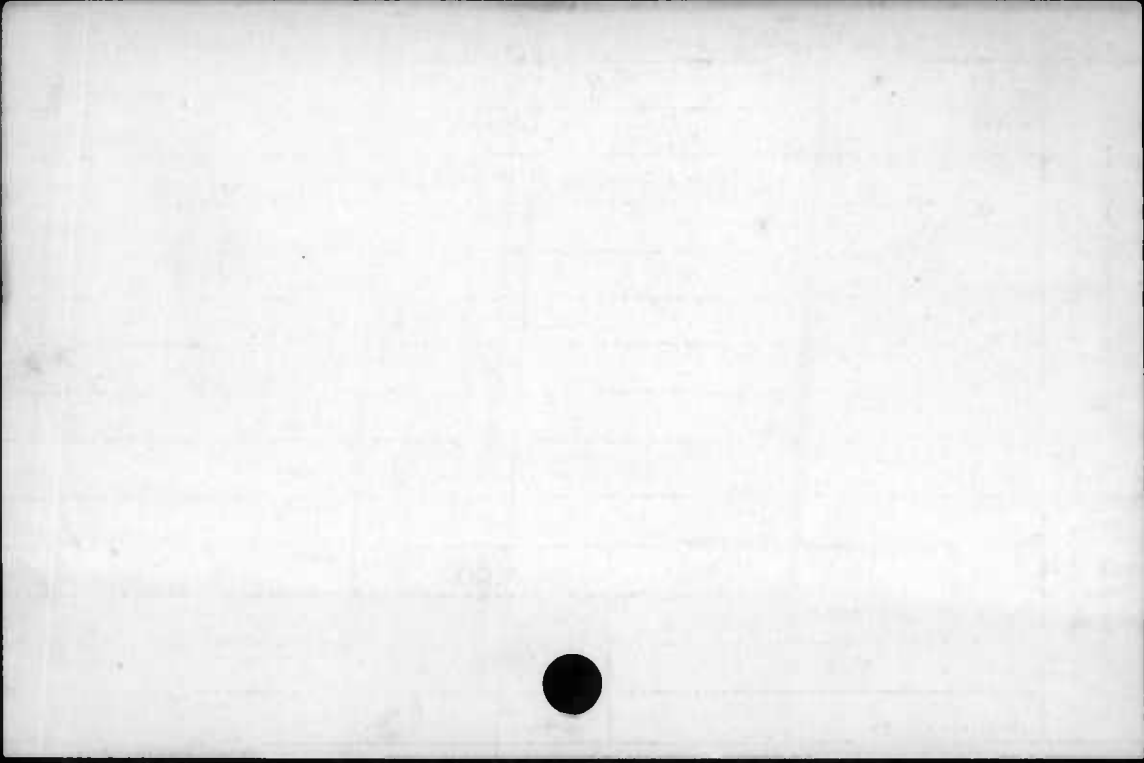
Died at <u>Cambridge</u> <sup>Town</sup>		<u>Orchard</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>4</u>	Month <u>July</u>	Day <u>15</u>	Age <u>3</u>	Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>ind</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Max Spear</u>			Father's Birthplace <u>ind</u>		
Mother's Maiden Name <u>— Elliott</u>			Mother's Birthplace <u>ind</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John M. Wood</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide? <u>—</u>	







Name  
In Full

Mortha A Stonslury

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

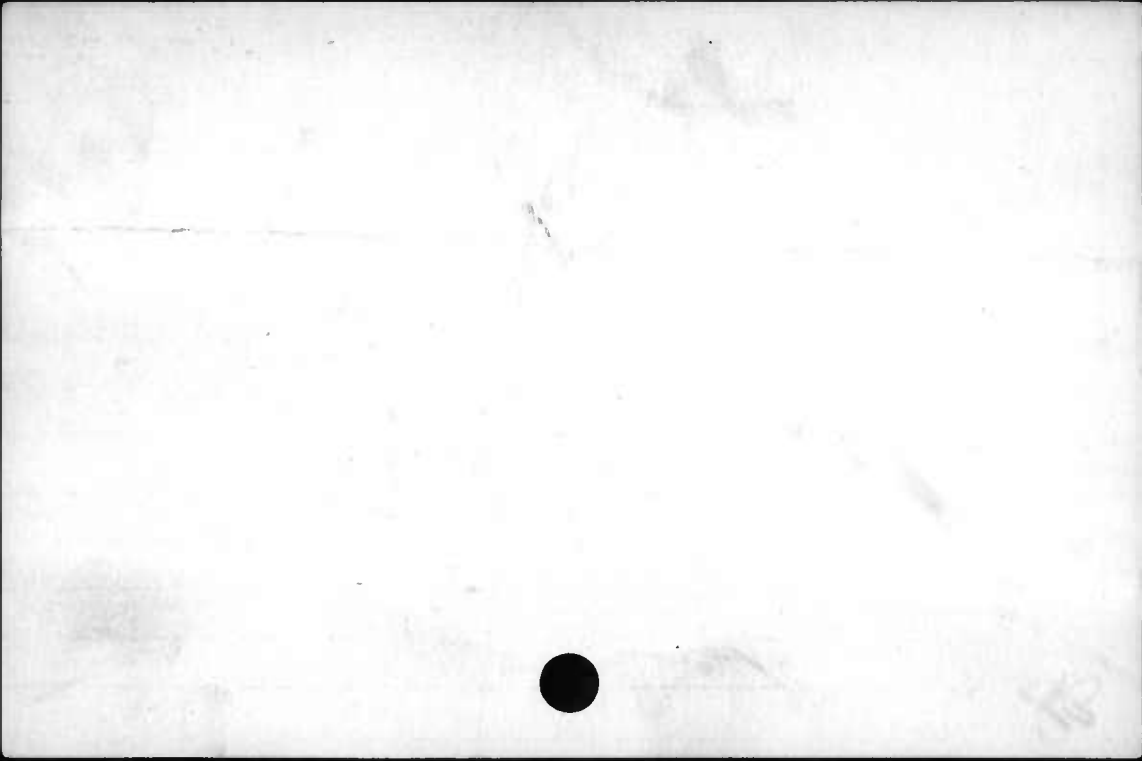
Died at <i>Stonslury</i>		Town		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>1</i>	Day <i>16</i>	Age <i>65</i>	Years <i>About</i>	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Stonslury</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>sewer</i>					
Name of Wife or Husband <i>Wm Stonslury</i>							
Father's Name <i>Unknown</i>		Father's Birthplace <i>not obtainable</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>not obtainable</i>					
Name of person giving information <i>Wm Stonslury</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Poisoning</i>	How long <i>✓</i>
Immediate <i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. Roger Myers</i>
	Address <i>Stonslury Md</i>
Accident or Suicide?	







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *East New Market* <sup>Town</sup> *Dorchester* <sup>County</sup>Date of death *1906* <sup>Month</sup> *1* <sup>Day</sup> *5* <sup>Years</sup> *5* <sup>Months</sup> *5* <sup>Days</sup>Sex *Male* Color or Race *Colored* Birthplace *E. N. Market*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name *Jos Thompson* Father's Birthplace *Dorchester*Mother's Maiden Name *Nora Dixon* Mother's Birthplace *"*Name of person giving information *Nora Thompson* How related to deceased *Mother*

## CAUSES OF DEATH

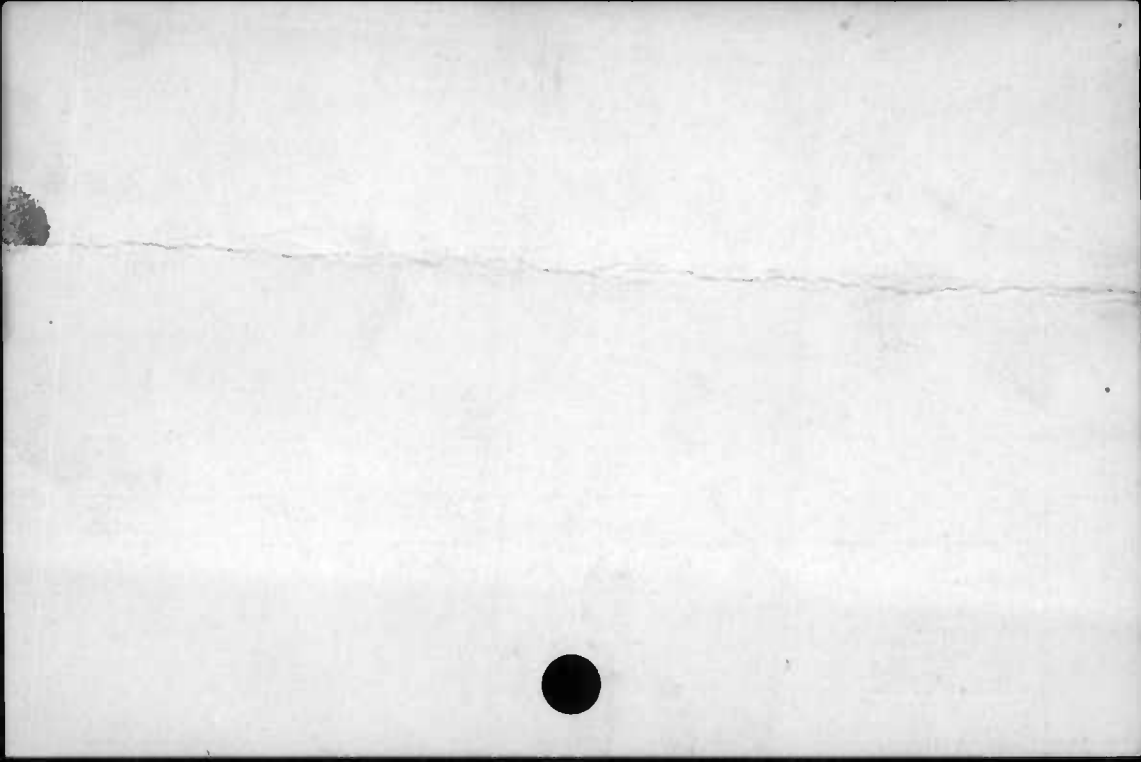
Primary *Leething* *179* How long *5 months*

Immediate \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *None.*Address *N. H. Willoughby,*Accident or Suicide? ☒







Name in Full		Minty Thompson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Cambridge		County Dorchester		MARYLAND	
		Date of death 1906		Month January		Day 3rd	
		Age abt 90		Years		Months	
		Sex Female		Color or Race Colored		Birth- place unknown	
		Occupation Not engaged		Where Residing if not at place of death			
		Married, Single or Widowed Widowed		Name of Wife or Husband Jeff Thompson			
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name "		Mother's Birthplace "					
Name of person giving In formation Sarah J. Wilkins		How related to deceased Daughter					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Catarrhal Pneumonia		(92)		How long Two weeks	
		Immediate Asthma				How long	
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dexter P. Reynolds M.D.			
				Address Cambridge			
Accident or Suicide?		Maryland					



